

FOR OFFICIAL USE ONLY

SYSTEM ACCESS REQUEST

**THIS FORM IS REQUIRED FOR ALL DLA/NON-DLA PERSONNEL REQUESTING ACCESS TO AND DELETION FROM A DLA AUTOMATED INFORMATION SYSTEM (AIS).
IF USER IS TO BE DELETED, COMPLETE USERID, NAME, AND SYSTEM TO BE DELETED FROM.
ONLY ONE USER PER FORM. SEND COMPLETED FORM TO DASC-O (ISSO).**

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10540. 50 U.S.C. 781, et seq. DLA Privacy Act System Notice S500.50 DLA-I, Individual Access Records, applies.

PRINCIPAL PURPOSE(S): Personal information on this form is used to grant the individual access to a sensitive DLA Automated Information System (AIS). The provided information is used to ensure that only authorized personnel have access to this system.

ROUTINE USE(S): Information from this system may be disclosed for any of the DLA blanket routine uses.

DISCLOSURE: Disclosure of information on this form is voluntary. However, if the information is not provided, system access will be denied.

1. TYPE OF ACTION REQUIRED ("X" one)

☐ NEW USER ☐ USER WITH ASSIGNED USERID ☐ DELETE USER ☐ REASSIGNED/MOVED
(Input USERID in Block 2 below.)

OFFICE SYMBOLS

FROM _____ TO _____

2. USERID

3. NAME (Last, First, Middle Initial)

4. OFFICE SYMBOL

5. OFFICE TELEPHONE NUMBER

a. COMMERCIAL
()

b. DSN

6. DLA USER?

☐ YES☐ NO

c. BUSINESS MAILING ADDRESS

7a. REQUESTING SUPERVISOR

a. SOCIAL SECURITY NUMBER

b. CONTRACTOR

☐ YES ☐ NO

b. E-MAIL ADDRESS

c. E-MAIL Extension

8. SYSTEM TO BE ACCESSED

a. HQDLA LAN: ("X" one box only) ☐ DLSC ☐ FO/GC ☐ DCMC ☐ CA ☐ DASCb. MID-TIER: (More than one box may be "X'd")
☐ DLAHP1 ☐ DLAHP2 ☐ DLAHP3 ☐ DLAHP5
☐ DLAA1 ☐ DLAA2 ☐ DLAA3 ☐ DLAA4
☐ SC01 ☐ SC03 ☐ SC05c. IPC COLUMBUS: (More than one box may be "X'd")
☐ M204 ☐ T204 ☐ TSO

d. SPECIFY APPLICATION: _____

9. OTHER SYSTEMS (Indicate in 10.e. type of function, i.e., inquiry, update, etc.)

a. SAMMS (All Centers)

c. WEAPONS (All Centers)

b. LOGRUN (DLIS)

d. MOCAS

e. TYPES OF FUNCTIONS (Specify) (Use additional sheets if necessary.)

10. TERMINAL AREA SECURITY OFFICER (TASO)

a. NAME (Last, First, Middle Initial)

b. E-MAIL ADDRESS

c. E-MAIL Extension

d. DATE

e. SIGNATURE

11. DASC-O

a. E-MAIL ADDRESS
ISSOmail@hq.dla.mil

b. E-MAIL Extension

c. DATE

d. SIGNATURE